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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/425,865 11/13/2002 *ak*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *ak*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature <i>Amend Brown</i> Initials <i>ak</i>					

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## TITLE

Detection of a predisposition for the development of coronary artery disease

<b>FILING FEE RECEIVED</b> 988	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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